

**STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION**

**TAX APPEAL ANSWER FORM
NON-PROPERTY TAX**

Respondent's Contact Information:

Local Unit of Government		
Mailing Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

Attorney/Authorized Representative's Contact Information:

First Name	M.I.	Last Name
Firm Name (if any)		
Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

Please Explain Your Answer to this Appeal:

--

**STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION**

Assessment Information:

Type of Tax Assessment:	Assessment Number:
Check what action prompted this appeal: <input type="checkbox"/> Final Assessment <input type="checkbox"/> Letter Denying Refund <input type="checkbox"/> Other (Check one)	
If "other", please explain:	
List the Amounts levied: Tax _____ Interest _____ Penalty _____	List the refund sought:
List your Contentions: Tax _____ Interest _____ Penalty _____	
What is the basis for the assessment:	

Signature:

Respondent's Signature:
Attorney or Authorized Representative's Signature: